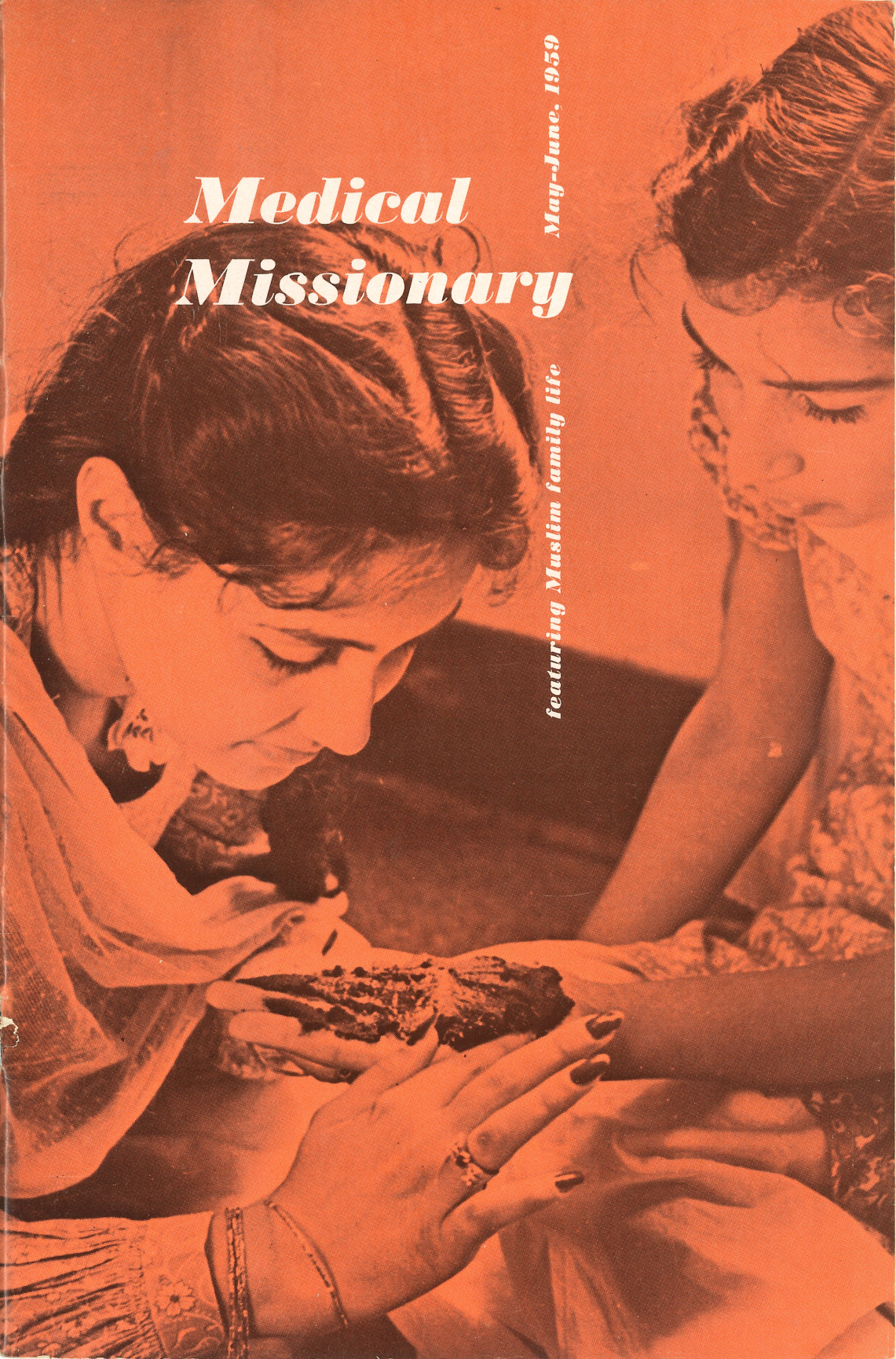
Medical Missionary

May-June, 1959

featuring Muslim family life



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the medical missionary

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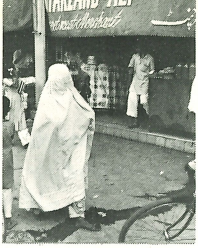


Burkha lady

NDEX TO PROGRESS

From the desert lands of Arabia in the 7th century emerged a religion, that numerically has become second only to Christianity. Today one seventh of the world, four hundred millions of people, scattered across two continents, are followers of the prophet and adherents of Islam. Islam means "submission" or "surrender" and those who submit to *Allah* are called Muslims. Worshippers of the one true God, Muslims honor Christ as a great prophet, (but Mohammed is greater) and they place Mary, His mother, above all women. However, they do not recognize her Son as the Son of God, nor believe in His crucifixion. They believe He was assumed into heaven.

Mohammed, the founder of Islam was born in Mecca in Arabia, in 570 A.D. When he was 12 years old he first came into contact with Christians in Syria, and even had a Christian monk for a friend. Shortly after his marriage to Khadija, a wealthy widow for whom he worked, he had a vision while praying in a cave at Hira, and felt that he was called to be a prophet of the one true God known as ALLAH in the Arabic language. At that time Mecca was a center of pagan worship especially at the Kaaba shrine. Mohammed's wife became his first convert. Gradually others followed and shortly after, because of the persecution from the Arab tribes in Mecca, he and his followers moved to Medina where he became not only a religious, but a military leader, and a lawgiver as well.

For over a period of twenty-three years, Mohammed claimed to have had various revelations which he and his followers believed sincerely to have been given by God Himself, and dictated by the Angel Gabriel in Arabic. These are related in the Muslim's sacred book the Koran. Muslims have always regarded this as a special national (Arabic) message given to them, showing them their way to God. The religion of Islam they believe, superseded Judaism and Christianity, considering them other national forms, which were revealed in ages past. This is why the Koran is always recited in Arabic by the true followers of the prophet no matter to which country they belong.

With this message, they also believe that the mastery of the world was given them by God, as Moses was given the promised land. Therefore they have a duty to work for the defense and victory of Islam over the world by peaceful means or by a holy

Student nurse

editorial

Muslim woman studying the Koran.

war. To them the cause of Islam is the cause of God.

Mohammed died in 632 A.D. Today his followers are found on every continent of the world. At the time of his death, all of Arabia had come under the control of Islam, tribe after tribe, being conquered under the name of ALLAH. Islam's greatest period was during the five centuries following the Hegira in 622 A.D. which marks the beginning of the Muslim Era. In these 500 years Islamic peoples wielded the intellectual leadership of the world excelling in arts, science, and literature. Islam's simple creed: "There is no god but Allah, and Mohammed is his prophet" was the battle cry of the Muslim armies through the centuries. Even, today, they believe, the profession of this alone in the ritual worship, guarantees them salvation. From the 13th century onward, Islam's strength subsided, until today when it again is showing forth a strong revival in many Arabic countries. It is also making great gains in Africa, where Moslems now make up more than 40% of the population.

The Koran, above all else, unites the Muslim community wherever it is found. It is their one thing necessary. In it they find the basis for all their ethics, jurisprudence, and social organization. In it are contained both holy things

and profane: dogma, the making of wills, the time of weaning, accounts of the day of Judgment and of paradise, rules of etiquette, hymns extolling the majesty of God, written in a rather beautiful and poetical style. Much of it was thought to have been taken from the Old Testament, but modern scholars agree that it was not.

The Koran influences their lives in all spheres especially in that of the family. For many years now, western ideas have been steadily penetrating the isolation of the Muslim community and have been transforming the Patriarchal or conjoint family system into the small independent units of the west. The same forces are leading their women away from the veil and polygamy. Along with increased literacy and desire for education, grows up a questioning attitude toward religion and social customs based on religion. On the one side one sees the concern of the orthodox to stand by the traditional interpretation of the Koran at all costs, and the attempts of the more liberal minded on the other side to reinterpret the sources in order to bring Islam into line with modern life today.

In some Muslim countries of today, because of their integrated system of religion and society, social customs of the seventh century are still in use. Women are rigidly secluded behind a veil in the zenana quarters, or the quarters restricted to women. They may not be seen by, or speak to any men, except those of their own household. On the street they are veiled from head to foot in a *burkha*. This religious custom also deprives them of medical aid from men doctors, and many die or suffer needlessly as a result. Polygamy, (which they believe is sanctioned by the Koran, when it states that they may marry "two or three or four" wives if they can treat them equally) also leads to a lowering of woman's dignity and much unhappiness.

The East as a whole, has developed a different conception and status of women than the West, where Christianity has raised the position of women to what it enjoys today. However, the ideas and example of their western sisters are penetrating the secluded lives and quarters of women of the East more and more. Thousands living in remote villages may scarcely be aware of the changes taking place in the cities. In Karachi, for example, capital city of West Pakistan, women are discarding the veil, entering into all fields of political, social and economic life. Many are entering the nursing profession, a much needed one in a country where there are only a few thousand nurses for millions of people.

One can see that there is an integral connection between the change in the status of Moslem women today, their place in the family, and in the fundamental changes in the whole Islamic system today. The one could be called an index of the other.

Muslims, have always had a great love for Mary, "the greatest among women." In this love, Medical Mission Sisters find a common meeting ground, for it is their special aim, while sharing the benefits of modern medical care and healing with their sisters of the East, to spread devotion to Our Lady, and thereby draw women of these non-Christian countries to admire her prerogatives and to imitate her virtues. This will be a safe means of raising them to the dignity and womanhood intended them by God.

The Bride wore

Sr. M. Gabriel, B.S.N.

Marriages in the East are arranged by the family. This, to us, may sound very dull, and certainly not "romantic", but on the whole it works out very happily. Often, an older, experienced woman is hired to be the matchmaker. She is given the addresses of many different persons in the family group, and is instructed as to what kind of girl she should look for. When a girl has passed this preliminary test, then the parents of the boy go to the girl's house and take presents with them . . . usually a ring, a cocoanut, a shalwar, qameez and dopatta and some sweets for the girl. They stay for a few days at her home and watch her every movement very carefully . . . how she walks, talks, works, etc. Then all her good and bad qualities are pooled together for the final decision of the boy's parents. The boy's parents, in turn, invite the girl's parents, for a visit. These latter also come with gifts for the boy . . . a ring, a turban, qameez and dhoti, etc. and scrutinize the boy.

The actual wedding ceremonies vary widely in different parts of the country depending on the wealth of the family or upon the strictness with which they adhere to Muslim law and customs, especially as regards purdah.

The wedding ceremony takes place at the girl's house with a pre-arranged list of guests. The girl is prepared for this great day, sometimes many days in advance, by her friends and female relatives. Her body is bathed and massaged with sweet ointments and perfumes, the palms of her hands and soles of the feet and nails are stained with henna, her hair is combed and fixed in a becoming manner and she is dressed in a bright colored outfit, usually red with gold or tinsel borders and many jewels of all kinds, rings, bracelets, nose rings, jewels for the hair, etc. When the day of her wedding finally comes, the girl sits in all her finery in a room apart.

The groom is escorted to the bride's house in a procession, usually seated on a horse, and both he and the horse are garlanded. He is followed by all his family and friends and accompanied by the music of pipers. At the house it is the *maulvi* (Muslim priest) who presides. He sends two or three of the girl's closest male relatives with a lawyer to ask her consent to the marriage (this is only a formality as she is expected to accept) and returns to tell the *maulvi* that she has consented. The lawyer asked the boy if he is willing to marry this girl. Their mutual consents assured, the bride and groom (each in a separate room) recite certain prayers which run something like this: "Here I begin in the name of God Almighty, most kind and most merciful. Praise be to the Lord Who takes care of us and may perfect forgiveness and peace rest upon His disciple, descendant of His apostle and friends. I believe in God and His powers according to His name.

RED!

I accept all His commandments with my whole heart and give testimony with my tongue. I believe in God and His angels, His book, His prophets, the day of Judgment of good and evil and His power of Creation, that He is the Creator of all things and in the resurrection after death. There is none other besides God worthy of adoration and Mohammed (may God's peace rest upon him) in His last apostle." After these and similar prayers the *maulvi* recites this prayer: "Gracious God, tie these two with the band of love just as you made Adam love his wife Eve, and as Moses loved his wife Safoora and Ibrahim loved Sairah and as Joseph loved Zuleikha and also as Hazrat Mohammed (may peace be upon him) loved his wife Aisha (may God bless her). May you bless them, O most Merciful of all the merciful." Thus the "nikkah" ceremony is ended.

Naturally enough, a big feast follows with rich pilaus and curries and all sorts of side dishes and sweets. As the Muslims are not allowed to drink alcoholic beverages, the guests are served tea and fruit drinks of all kinds. The bride sits apart with her friends, a handkerchief spread out on the floor before her in which money and gifts may be laid. Some people have the custom of having the boy come into the girl's room where she is seated. He does not see her face which is covered with a *dopatta* (veil). A mirror is placed on the floor before her, as she leans over it, the *dopatta* is lifted and the boy, covering his head with the same veil, sees his bride's face in the mirror for the first time.

Mother M. Benedict visits a home in East Pakistan.

Muslim Women's

Sister M. Janice

The patriarchal system, known as "joint-family life", characteristic of the East, holds its place among the Muslims of East Pakistan. After the wedding ceremony and the feasting is over, the young bride is ushered off to live with her husband's family. Living in the same compound will be her husband's other brothers and their wives. At the head of the joint family is her father-in-law; her mother-in-law rules as far as the women-folk are concerned. The latter has everything to say regarding the education, discipline, etc., of her grandchildren. Very often the whole family will be supported from a common purse which is under the control of the father. It is even customary that if a son were to be employed in the city, he would continue to send a good portion of his salary home to his father. This family system continues until the death of the father, at which time the sons may move away if they so choose. If they continue living there, the oldest son will replace his father.

Each family living on the compound has its own home, called a "bari". This is made from woven bamboo strips, the floor is made of mud. Among the poor, the homes are made of mud and cow-dung. Many of the bari's consist of one room, a porch and sometimes a small hut attached to it, which is used for the animals. Inside the bari are beds which are made of wooden boards, raised a little from the ground. In one corner of the bari there will be a small clay "chula" (stove). In nice weather this is moved outdoors where the women do their cooking.

Because of "purdah" the Muslim women in East Pakistan lead a secluded life. Their day is spent around their bari preparing chilli and spices for curry. Some of them spend their time weaving, sewing or embroidering. Unlike the Hindus, a Bengali Muslim woman will never be found working as a "coolie", or in the fields. However during the rice season, they thrash rice. Working around their home the women wear a sari and a blouse, and don the burkha only if going off their compound. They usually disappear from sight if men appear.

About 90% of the working population is employed in agriculture. The diet of the village family consists mainly of rice and curry. If they can afford it they eat meat (but never pork), fish, eggs, etc. After performing the traditional Muslim custom of "abulutions", that is washing hands and feet, the men and boys will sit down and eat first. The women and girls eat separately after the men have finished.

It has been rightly said that the family living under the patriarchal system is divided into two distinct worlds—the world of men and the world of women. Children form the link between these two worlds and are the object of much affection from both mother and father.

The fifth and sixth day after a child is born, the Muslim family in Bengal has a ceremony to welcome the child into their religion. The ceremony is performed by either the father or Mulla who will whisper into the child's ear about Allah — this being the first thing the child will hear. At this time it is customary to give the child a name. At an early age Muslim boys are taken by their father to the Mosque each Friday for prayer and instruction. Women are not permitted to enter the Mosque. They say their prayers at home and thus participate in the Muslim feasts. Until recent years, very few girls attended school as the parents felt since they married at such a young age, education was not necessary. The country is still only 15-20% literate, but more and more the enrollment in schools is on the increase. However, the great lack of teachers and schools presents quite a problem. In the public schools, boys attend separate schools from girls. However, colleges and universities are usually co-ed. Few of the Bengali Muslims are able to afford a trip to Mecca during their lifetime. One has to admire how faithful they are, praying five times daily, and observing *Ramadan,* the 40 day fast which they make each year. Although Muslim men are allowed four wives, few of the Bengali villagers have more than one as they can't afford it. Up until recently, divorce was allowed by saying three times to one's wife, "I divorce you". In 1956, The Committee on Marriage and Family Laws decreed that pronouncement of the statement three times at *one sitting* amounts to the pronouncement of divorce only once and such a divorce does not in any way effect the dissolution of marriage. It is easy to see that life for a Muslim woman in East Pakistan, especially in the villages, revolves around her home. Her contacts are limited to her family and its daily needs. In 1956 the rate of literacy among women was still as low as 1%.

A pretty fisher woman at home (West Pakistan) making fresh chappaties.

For a few minutes it is quiet, the calm before the storm. Then, at 4 o'clock the flood gates are let loose and the friends and relatives of two hundred patients pour in the front door. One man is a newcomer. He looks around and seeing the sign "Inquiries" comes to the desk.

"This morning my son Mohd (commonly used abbreviation for Mohammed) was admitted here. I want to know where he is, please."

"How old is your son?"

"He is quarter to two." Suppressing a smile I direct the man to the pediatrics department.

This unconscious *bon mot* is one of countless incidents that makes life at the admission-information desk one of the most interesting jobs in the hospital. Of course I had done this type of work before, in a large institution in the States — but what a difference! To say the people here are colorful would be more than trite, it would be an understatement. Most of the time it is like National Geographic come to life or a Cecile B. DeMille movie pageant. In dealing with people here, the chief reward, on a human level, is a simplicity long since foreign to our tired civilization. As months grow into years, and the years melt together in one long mem-

PAKISTANI

ory of "our people", the missionary learns the ways, the language, and the outlook of these people. The missionary himself grows in meeting the needs of others, and receives his reward in their gratitude and trust.

One spring morning a big open truck, with the usual decorations of painted flowers on the sides, backed up to unload its cargo at our front steps. In and around a recumbent form were about nine husky men, some in their twenties, others more mature, but all had the handsome face of the Pathan frontierman. One fellow, who seemed to be directing operations, jumped off the truck and was holding a rolled up X-ray in his hand. This mark of modern science was all the more incongruous when we noticed, peeping out of his coat, a row of bullets. These men knew what they were about — they had brought their patient, under armed escort for many miles. All we had to do was to open the door. The ailing one turned out to be a first rate patriarch, white beard, and dim eyes, but now and then he would let out an oath — I presume it was such — that sent the grown men scurrying like rabbits.

Holy Family Hospital
Rawalpindi, West Pakistan

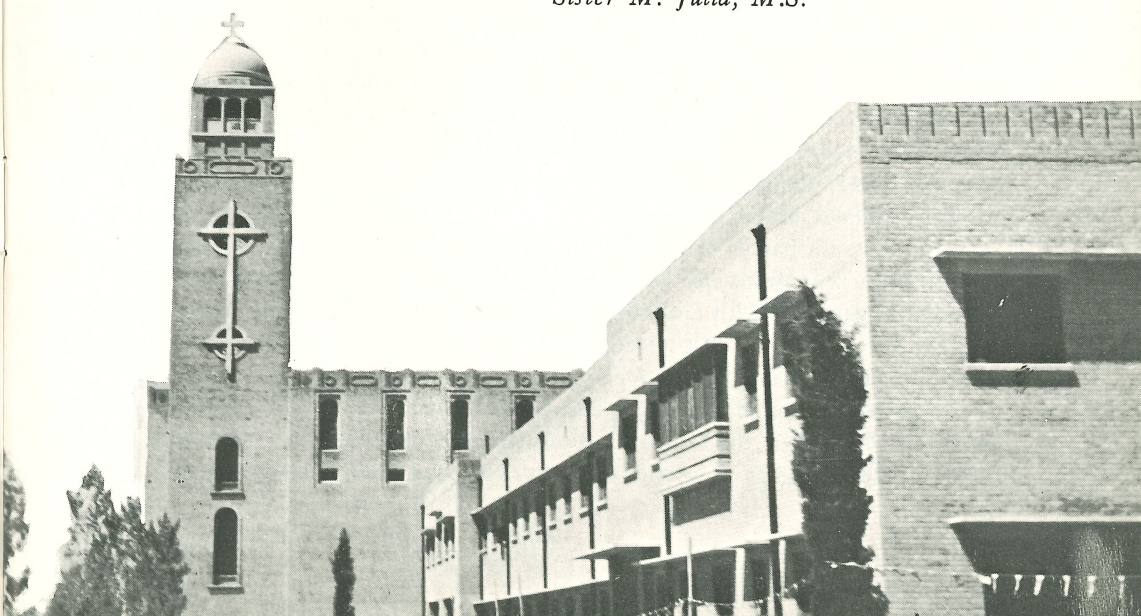
Baba had a troublesome complaint, so hard for old people to bear—a broken hip. His retainers engaged a private room for him, and we allowed two attendants to keep watch with the patient. Now and then I would look in, and the attendants seemed always viligant. It was rumored that they were afraid the old man would put a curse on them. Whenever I spoke to him he seemed meek enough, but I wondered about the feats he had done in his prime, when his eyes were bright and he lorded it over his family.

After weeks of immobilization, and the daily visits of his devoted clan, the old fellow was allowed to go out in a wheel chair, which always reminded me of a portable throne, considering the circumstances. In the afternoon we would see him outside on the lawn, his friends sitting like school boys at his feet. At last they took him home, wheel chair and all, from which, if he is not dead by now, the aged Pathan is still reigning in his village.

Actually, we at the desk see more of the male patients because they are on the first floor and often go out in the evening for a stroll and to say their prayers kneeling on the ground and facing the setting sun. The old men from the villages have a special place in my heart. Age and agriculture have combined to give them an enviable simplicity. Once, casually, we asked an old baba how he was getting along.

PAGEANT

Sister M. Julia, M.S.

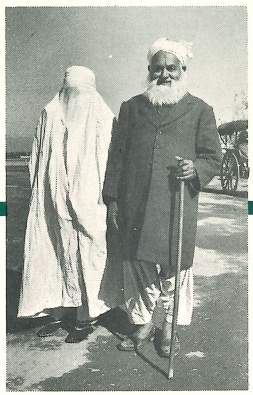


"Oh, today I am better, but I still have a pain here," pointing to his tummy, and at the same time flipping up his shirt tail to illustrate his point. When he noticed we were sympathetic, he came inside the counter and propped up his foot on the desk so we could inspect this part of his ailing anatomy—"Yes, and my foot hurts too", he added. — Unless you become as little children . . . . .

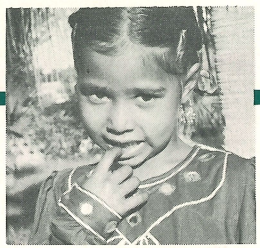
Villagers—the true Punjabi type—the men so tall and thin, usually with fine Roman noses and even white teeth in a dark face. Their shoes turn up in a curve, Alladin like, and their dhotie or shirt falls to the ankles—may they never change. One morning one such personage came in to announce he had a patient outside. We looked, and there was a still hum in the center of a charpoy (string bed) neatly waiting at the doorstep. A quilt was spread over the patient, and her women relatives were squatting around the bed. It seemed as if she were in her own house, then magically transplanted to this alien surroundings. We opened the doors wide and the men carried her inside. At this she burrowed deeper into the quilts, but still frightened eyes peeped out, as curiosity got the better of fear. What a picture it

A Muslim man brings his wife to hospital

Sister M. Julia making friends in the village.



A pathan with his bullets slung across his shoulder.



A shy little Pakistani girl waits for her mother.

made, the four tall turbaned men, like bedposts carrying the young girl on her string bed.

Then there is the story of Moses. One Sunday morning, when the day had not yet wakened, a village couple and a healthy lad of eight presented themselves at the desk and uttered those oft repeated words, "*Bachcha bimar hai*". "The child is sick." Yet this time it was not obvious, since the boy at the woman's side was the epitome of health and that latent mischief common to boys the world over. Then the woman pointed to a rush basket balanced on her head. She put the basket on the counter and lifted back a cloth which revealed a child of about a year old, perfectly formed, soundly sleeping, but with flushed cheeks. We took the child to the emergency room and got his temperature—105. He had been sick in the village for a week, and now they brought him this long distance to a good doctor.

I left the doctor to examine the baby and returned to the desk. The father had established himself at the main staircase, sitting on the lowest step and had placed beside him his luggage from the journey—a handkerchief holding a dozen chap-

paties (pancakes) and a water bag. I called him over to give me the necessary information and the child was admitted to the pediatrics department. He received the necessary treatment and sometime later returned to the village in the same manner as he came—in a basket on top of his mother's head.

But not all of our patients are from the village; sometimes we get the aristocracy. Such was the lady from Himalyan, a tiny kingdom in the Himalayas. It all began when two men with an air of urgency popped up at the desk and asked, "We have a patient, and we want you to help us."

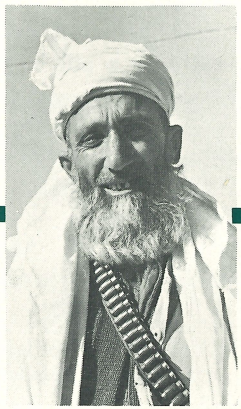
"Yes, what can I do? Where is the patient", I was ready to pull out the stretcher for someone collapsed at the doorstep.

"The patient is at the hotel."

"Well, bring her here. This is the hospital."

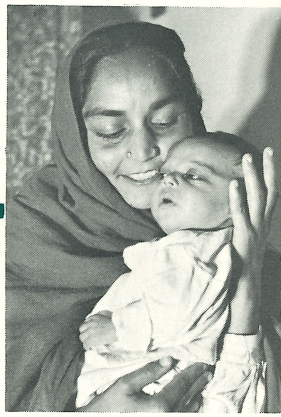
"But first we want to find out everything. This is a special lady."

The men were special too. One was a small fellow past middle age, wiry and alert and he spoke perfect English. He appeared to be an agent of some sort to the



Muslim school girl in Karachi.

Beautiful Muslim woman and her lovely baby



tall man, the patient's husband. Besides his heavy physique, there was something else different about this stranger. His arched nose and eyes set far apart and high cheek bones made one think of the Mongols of ancient days, his remote ancestors.

The little man, the spokesman, began the attack. "This is a special lady. She is very *purdah,* and has never been away from her home. We want a room where she can look out the window and see us, her men, sitting outside. This is a strange place, and she has never been to a hospital before, but she would consent to stay if she could see her men through the window."

"Sir, I don't think that is possible", picturing to myself the whole village camped in our front yard. "I will show you the rooms we have, and you can decide later." I took them into a room with windows opening onto the inner courtyard of the hospital.

"This is fine" the man said when he noticed the window. With your permission, we could wait right there in the garden." Seeing my disapproval, he added, "Oh, don't worry, we would be very careful of the trees, I am a forest officer myself.

"Bring your patient and we will see", I told them, hoping they would give up the idea of the encampment.

Another two weeks pass and the same men appear, rather excited. "We are bringing the patient." I rushed out to meet the mystery woman, but the compound was empty.

"Where is she?"

"Oh, we are bringing her tomorrow. We wanted to make sure everything is prepared. She is a very important lady, you know." A pause, then he confessed, "I will be glad when this business is over. There are eight of us at the hotel and she cries when we mention 'hospital'. But still, she needs the operation, so what to do?"

Finally she came. We whisked her into the parlor so the outside world would not see while we went through the formalities of the patient's admission. With great curiosity I looked under her veil—she had a chubby tear-stained face that shyly smiled when I greeted her. She was a woman of ample proportions, let us say. With her was the usual relative-companion, truly a lady in waiting. Both had the peculiar headdress of the Himalaya women—a scarf on the head with a pill box hat on top—under the other veils of course. The patient's 13-year-old daughter was also in the entourage. Parvin was a slip of a girl, beautiful with the rare beauty of real shyness. When the Sister-nurse came to take the patient to the room, and saw the little retiring flower by her, she asked the man, "And does your daughter go to school?"

"There are no schools in my country". Neither are there roads, jails, or policemen.

We got the party established in the specially selected room. The patient needed a small operation but it was impossible to communicate with her at all. She had never been in a hospital, nor out of her family circle. But the nurses managed somehow to get her prepared for surgery, the operation was a success, and the mystery woman settled down for a normal convalescence.

One afternoon I offered to take Parvin for a tour of the hospital. She was not yet in purdah, and this part of the world was like a new planet for her. She followed me like a tamed fawn for a while, but for some unknown reason when we went up the stairs she grabbed my hand in fright. I spoke reassuringly to her hoping she would understand the tone of my voice. We went to the roof of the building, which gives a fine view of the countryside. Then I returned her to the room-nest of her mother.

In a few days our friends from the mountain kingdom returned home, but we shall never forget them.

So you see, the stories could go on endlessly. Every day the great ocean of life washes up to this harbor of healing, leaving behind experiences and persons more varied than the treasures of the sea.

Pioneer Family in New Pakistan

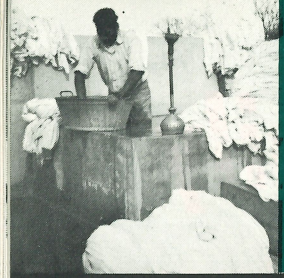
Sister M. Pierre, R.R.L.

Sr. M. Pierre, R.R.L. with patient at Holy Family Hospital, Rawalpindi, West Pakistan.

Allah Rakha, dhobie . . . his name and his profession all in one breath, almost as if being a washerman, a dhobie, is as much a part of him, as identifying, as his thumbprint or his 'John Henry'. He explained it carefully to me one day. . . . "I've never known any other life, Sister. My father, my uncles, my brothers, my whole clan, from way back, dhobies, pure dhobies." This, I could easily believe, as I watched him, standing knee-deep in rinse water, ringing out sheet after sheet with a quick twist of his wrist that sent the excess water rippling down his arms. It looked like child play in his strong hands, like work that his whole body was tempered to do with the greatest of ease. He smiled as he bent to it, the white of his teeth matching the mounds of white clothes all around him. This man had work to do and was proud of it!

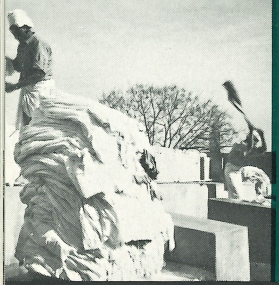
And well he might be, proud of his work and his position. Allah Rakha came to us from his village in Sialkot with his wife and four small children. His growing family made it impossible for him to continue on any longer as partner dhobie with his brother. It was time for him to break away and start his own business. He had nothing when he came but the wherewithal to set up a simple washerman's trade, a faithful, hardworking wife and children who needed bread. That was incentive enough. He guaranteed that we would be satisfied with the kind of wash he'd turn out; he promised to provide the needed quota of clean linen daily; he asked only for ordinary facilities, a ghat in which to wash and space to dry the clothes. He was hired on the spot and for the past ten years has proved himself a man of true words.

Life for Allah Rakha, while it is good and satisfying, is not easy. The laundry demand of a busy, 200 bed, general hospital faces him all day long, 365 days of



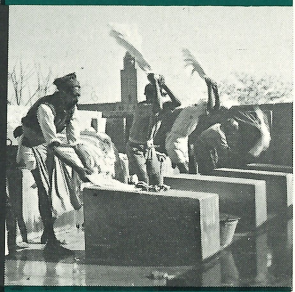
Allah Rakha with clothes to the right of him—to the left —and under his eyes.

Scrubbing—beating —rinsing—wringing —the dhobie's day.



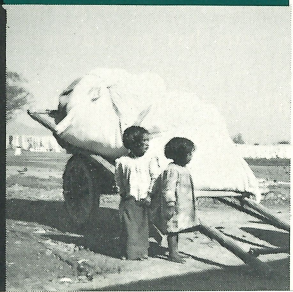
A huge mound of white clothes to be beaten. Man in action in rear.

This is the way we wash our clothes —beating them on rocks.



Inayat, faithful wife and helper—and a tiny helper too!

The dhobie's children waiting for a ride on top of clothes cart.



the year. Weather, of course, means everything to him, as he works under the open sky and depends upon the sun for drying. Thank God the sun shines often and intensely in this land. From early morning when the clothes are beaten, piece by piece, against a cement block to get them clean, until late afternoon when the setting sun signals no more drying, it is a busy world of washing, scrubbing, boiling, blueing, rinsing, hanging and drying. In another corner an ironing crew is just as busy, sorting, dampening, stoking and keeping stoked the heavy, coal flat-irons, pressing and ironing.

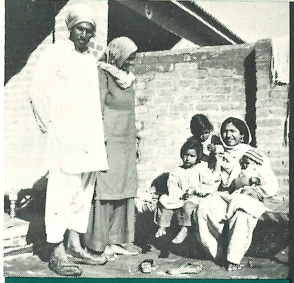
The rainy seasons, usually twice a year, are a nightmare, even though a drying room has been fixed up in the hospital basement. When the atmosphere is saturated with moisture, no amount of heating and fanning will dry sheets and towels quickly. At these times, Allah Rakha spends, not only his day, but often into the night, hanging and re-hanging, turning and reversing, trying to get the clothes dry. He knows much of the smooth running of the hospital and the comfort of the patients depends upon him.

He is not alone, however. Over and above the crew of men who work with him, there is his most faithful companion and helper, Inayat, his wife. She does her share of the lighter tasks, hanging the small pieces, folding the diapers, sorting the articles for ironing. But her biggest job by far is making a home for her dhobie husband and the children, now seven in number. She is wife and mother from early morning until evening, leading a life of devotion and sacrifice. The small brick quarters with walled-in compound is her domain

where her days speed by in a busy round of activities.

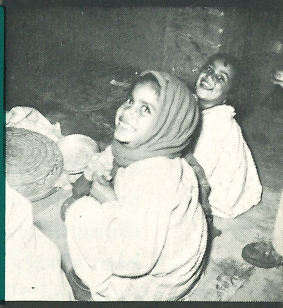
Before the sun is even up in the morning, Inayat is dressed and preparing the fire for breakfast. She not only feeds her husband and the children, but also takes care of the six or seven men who work with the dhobie. This means thick, substantial wheat cakes, formed and patted by hand, fried in deep fat and good, hot tea with plenty of milk and sugar. For her it is not just a matter of switching on a gas jet or an electric button. In fact, cooking and serving meals takes the greater part of Inayat's day. The spices have to be ground, the vegetables cut for the hot savory curries, the rice cleaned and fixed, the flat unleavened wheat cakes rolled and patted and turned constantly over an open fire. There are no easy shortcuts for duties like these. The menu she serves varies little from day to day but it is tasty, well-cooked and nourishing. Allah Rakha will vouch for that!

Inayat does not complain. The children are her joy and her consolation even though, as she told me laughingly one day: "They are *eating* my life away." Manzoor, the oldest child and only son, at 14 knows every angle of his father's work but he is being given opportunities his father never had. Each morning, he with two of the girls, clean and combed for the day, go off to school, their small slates and inkpots in hand. Their future lays before them with broader vistas than their parents ever knew. The oldest daughter, having completed enough schooling to enable her to read and write a little, stays home now to help her mother and learn the simple household



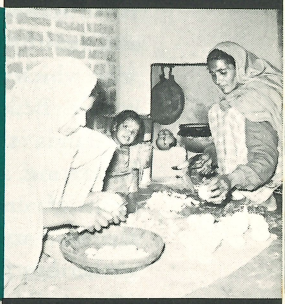
Allah Rakha and Inayat with the children. Two others are at school.

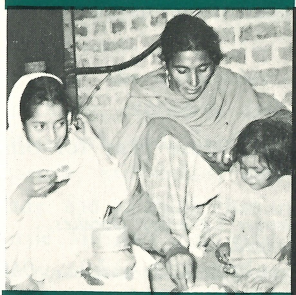
Allah Rakha could work long and hard to win smiles like these.



Chappaties or wheat cakes need constant turning over the fire.

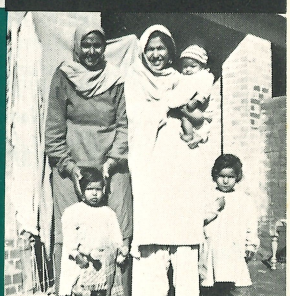
The oldest girl helps with the food in preparation for her own future.





Inayat feeds the children first, then the men folk.

The little compound where the women spend their lives.



tasks that will serve her so well not long hence when she will be in a home of her own. Already word has spread around the village that Allah Rakha's daughter is ready for marriage and soon her partner will be chosen for her, an arrangement between the parents of the two young people. The two small children spend long hours playing and sleeping, happy and secure in their mother's nearness. As for the baby, although the sixth girl who *should* have been a boy, she is seldom out of Inayat's arms and the center of all the family's love. Together, as a unit, they pray, they laugh, they live, they love. Allah Rakha has every reason to be proud as he gathers his loved ones around him at the end of a hard day's work. They make it worthwhile.

In a way, village life and not the city is where this little family belongs. Allah Rakha is a son of the soil, strong and healthy, and attuned to the simple way which comes from living close to nature. Besides his dhobie work he understands the secrets of sowing and harvesting, of planting and reaping the fruit of one's own hands. He knows the ordinary routine of village life, the gatherings for prayer in the mosque, so important an institution no matter how small the settlement, the neighborly chats around a single hukha (a pipe for smoking) at the end of the day, the major jobs in the fields that bring men together to help one another, the colorful activities in the native bazaar. Inayat, too, blends into a picture of Punjabi village life, mistress in her own home but sharing a common social life with the other women . . . working together during the harvest season, drawing water from the same well, meeting and shopping with the other housewives. The children would be entered in the village school or at play with the other children, studying the Koran under the village maulvi (priest), imbibing a way of life which will be their own very soon. Allah Rakha and Inayat knew this life and loved it but left it to provide a different way, greater opportunities for themselves and their children. The blessings of education, the chance to develop and take an active part in the struggles of a young Republic, training which leads to independence of thought and action, these are to be gained in sacrificing the old way. A dhobie at Holy Family Hospital . . . yes, but even more a pioneer, a first adventurer, in the destiny of a rising new Pakistan.

R.I.P.

Please pray for our benefactors recently deceased:

Rev. R. F. Georges (Achille) Decelles, Quebec, Canada.
Rev. Daniel Egan, T.O.R., Steubenville, Ohio
Rev. R. P. Herve Morin, C.S.C., Rome, Italy
Rev. William Joseph Murphy, Quebec, Canada
Mother Mary Maurice Tobin, Sisters of Mercy, Baltimore, Md.
Mr. Leoncio U. Aranda, Manila, Philippine Islands (Father of Sr. M. Felicitas, S.C.M.M.)
Mrs. Alma Betourney, Hollis, L.I., N.Y.
Mr. Thomas Cullen, Massapequa, L.I., N.Y.
Mr. John Hamilton, Bronx, N. Y. (Father of Sr. M. Aquinas, S.C.M.M.)
Mr. Albert G. Klein, Harrison, N. Y. (Father of Sr. M. Berchmans, S.C.M.M.)
Mr. William Kunzinger, Bellaire, N. Y.
Mr. Joseph McGlone, Philadelphia, Pa.

Sr. M. Elise, M.D.

Trachoma

BEFORE

AND

AFTER

"Doctor-Ji", an eager ten year old comes tugging at my scapular, "please have a look at my grandmother."

This happens all the time, both in Josephabad and in Mariakhel, the Catholic villages of the Thal Desert. As we make our rounds of the little mud huts, we always find at least *one* granny, who wants to see the Sister-doctor, urgently! So the nurse and I skirt around the low mud wall, make a wide sweep around the big black buffalo, and stoop down into the narrow doorway. There sits the old lady, on her string bed, her rheumy red eyes peering at us, trying to catch a glimpse of the strange Sisters who have come all the way from Rawalpindi to see the sick people.

"What's the matter, mother?" we ask. We know pretty well what the answer will be: itchy, weepy, stiff, half-blind eyes, sensitive to light and dust, with no hope of recovery. That is chronic trachoma, in the late stages. By this time the acute infection has subsided, but the scarring and damage are permanent. Sympathy and soothing eyedrops, that's about all we can give granny.

Mark the difference between the sparkling, expressive dark eyes of the little girl, and the hazy, red-rimmed narrow, stiff-lidded ones of the old lady. Sad to think that in thirty years little Miriam's eyes may be as bad as those of her grandmother. Trachoma is highly infectious, and there is no defense against infection in a village home, where the towels, bedding, dishes, etc. are all used in common.

Perhaps Miriam will have a better

chance. There is a girls' school in the village now, run by the Sisters, and if any little girl comes to school with red and weepy eyes, surely the teacher will notice it and send the child to the Sister-nurse. Acute attacks of trachoma respond very well to simple treatment. A course of sulfa drugs and some antiseptic drops will make a lot of difference. Inflamed eyes are very common, and it doesn't take a highly trained specialist to recognize them. The bad cases will be shown to the Sister-doctor from Holy Family Hospital, when she comes on her rounds. Then further treatment in the big city may be advised, before the disease progresses.

Trachoma is a disease of hot and dusty countries. Dust, glare, hot winds, and smoke from the little cooking fires, all add to the damage. Chronic trachoma seems to be more common among the old women of the villages, and no wonder, when you see how they sit for hours, day after day, hunched over the little fire of cowdung cakes and twigs, making the "roti" (bread), that is the staff of life to Punjabis. On nice days the cooking is done in the open, and then the smoke is no problem. But in winter, and on rainy days, when the fires are lit in the little mudwalled rooms, the atmosphere becomes pure smog. The women are middle-aged at thirty and old at fifty.

Yet they have their consolations, Miriam's granny, for instance, though old (55) and nearly blind, is still very much part of the household. She has her own little jobs: minding the lively ten-months old baby brother, feeding the big ugly buffalo, making the cowdung cakes, cooking the meals when her daughter is busy in the fields, etc. No household in a village is really complete without a grandmother. Some of these old ladies are regular matriarchs.

Even blindness does not change this pattern to any great extent. After all, how much eyesight is needed to get around the simple household tasks of the village home? These patients are not completely sightless. They can distinguish between light and dark, and they know their little "compounds" by feel. The loss of sight comes about slowly and steadily, and the discomfort, though chronic, is moderate. Moreover, their philosophy of life is perfectly straightforward. "*Khuda ki Marzi*" (God's will) sums it up neatly. In the Catholic villages these old women have the advantage of a good religious social life. Mass and evening prayers in the little church, Sunday Mass with all the family and neighbors present, big "tamashas" on feast days, and the comforting nearness of the Fathers and Sisters, all make life more bearable.

All this does not justify any complacency about trachoma, of course. In its late stages, when the lids are scarred and the cornea, the window of the eye, is cloudy, cure is impossible, though surgery may bring some relief from the constant itching and the damage done by inverted eye lashes and distorted lids. Education in hygienic living brings permanent protection against trachoma. Better living conditions and more schooling will make it possible for these people to prevent this illness. But when water for drinking and washing has to be brought from a muddy canal, when the total cash income for a family runs around $100 a year, when the home is a two-room hut made of mud and the yard houses the cattle as well as the fodder, the fuel, and the family, there isn't much room for hygiene.

The Mission Intention for the month of May is that: Muslims may be led, through the Virgin Mary, to a knowledge of her Divine Son.

Mary in Islam

By Rev. J. Houben, S.J.
Translated by Sr. M. Loyola, S.C.M.M., from Fides Documentary.

A Christian reading the Koran texts and the narratives of Islamic tradition where Mary, or "Maryam", as they call her, is mentioned would surely find them out of place or even offensive. However to show the exceptionally high regard Islam has for Mary and the lofty position which Moslem piety gives her, we must quote at length from the verses of the Koran which speak of and testify to her marvelous election.

We begin with the most astonishing text. The Koran explicitly says (and for a Moslem it is God Himself who speaks and reveals by the Angel): "O Mary! Lo! Allah hath chosen Thee, and made thee pure, and hath preferred thee above (all) the women of creation." (III-42). This is truly a proclamation of holiness, of purity, and of elevation above all women, a declaration which from all times has been particularly dear to Moslems.

We will see now how the Koran recounts the life of Mary. The Angel's annunciation is described as follows in the chapter entitled *Maryam* (XIX-16-22):

16. "And make mention of Mary in the Scripture, when she had withdrawn from her people to a chamber looking East.

17. And had chosen seclusion from them. Then We sent unto her Our spirit and it assumed for her the likeness of a perfect man.

18. She said: Lo! I seek refuge in the Beneficent One from thee, if thou are God-fearing.

19. He said: I am only a messenger of thy Lord, that I may bestow on thee a faultless son.

20. She said: How can I have a son when no mortal hath touched me, neither have I been unchaste?

21. He said: So (it will be). Thy Lord saith: It is easy for Me. And (it will be) that We may make of him a revelation for mankind and a mercy from Us, and it is a thing ordained.

22. And she conceived him, and she withdrew with him to a far place."

These words are strange, and perhaps to our ears, almost irreverent; we are used to the story in the Gospel where an unchangeable text describes exactly the facts which occurred several centuries before the coming of Mohammed. However, we must recognize that this Koran-story, the expressions it uses, the marvelous events therein, completely devoid of human intervention, constitutes a testimony which demands respect.

Where did Mary retire after this miraculous conception? The Koran does not give the answer. In other passages which are in accord with the apocryphal Gospels we learn that she began to serve in the temple, where each day God fed her miraculously. The Koran says: (III-37). "*Whenever* Zachariah went into the sanctuary where she was, he found that she had food. He said: *O Mary! Whence cometh* unto thee this (food)? She answered: It is from Allah. Allah giveth without stint to *whom He will.*"

Islamic tradition calls Joseph Mary's nephew; he also was serving in the temple, cleaned it with her, and kept up its supply of well water. With what delicateness and what respect does not a Moslem writer describe the conflict that arose in Joseph's conscience and caused him such anguish:

"When Mary had conceived, a relative whose name was Joseph, a carpenter, was near her. Together they were walking towards the temple located near Mount Sion which was then one of the greatest temples. When Joseph realized the state she was in, he was shocked, scandalized, crestfallen He could find no explanation . . . Joseph began: A thought has come to me about you: I have done everything to rid myself of it, but it is stronger than I; if I speak my heart will be unburdened.

—Speak, said Maryam, and may your words be (gracious).

—I will say gracious words only, said Joseph: does the grain grow without seed?

—Yes, she answered.

—Joseph went on: Can there be trees without rain?

—Yes, answered Maryam.

—Joseph insisted: Can there be a son without a father?

—Yes, answered Maryam. Do you know that when God blessed, and most high,

created wheat, he made it grow without the need of seed? Today's seed comes from the wheat that God made to grow without seed. And do you not know that God in His omnipotence made the trees to grow without water? By the same power He has given the rain power to make trees grow. Or would you perhaps say that God was not able to make the trees grow without rain? . . .

—No, answered Joseph, I do not say that, because I know that God can do everything He wills. He says "Be" and a being is.

—Then, continued Maryam, do you not know that God created Adam as well as his wife without the help of a father and a mother?

—Certainly, answered Joseph.

After this was said, he understood that the situation in which he found himself was willed by God and that he could not question Mary about it because of the secret she was keeping. So he assumed the service of the temple alone and took upon himself the work Maryam had been doing until then." (Tabari Tafsir—Commentary on Verse XVI-43 in the Koran.)

The language in this text is obviously one of tenderness, refinement and respect for the miracle.

The Birth of Jesus is thus related in the Koran: (XIX-23-26).

23. "And the pangs of childbirth drove her unto the trunk of the palm tree. She said: Oh, would that I had died ere this and had become a thing of naught, forgotten!

24. Then (one) cried unto her from below her, saying: Grieve not! Thy Lord hath placed a rivulet beneath thee,

25. And shake the trunk of the palm-tree toward thee, thou wilt cause ripe dates to fall upon thee.

26. So eat and drink and be consoled. And if thou meetest any mortal, say: Lo! I have vowed a fast unto the Beneficent, and may not speak this day to any mortal."

This remarkable text may seem strange and even appear profane to a Christian reader, but the fact remains that the tone is respectful; every Muslim finds in it the story of the marvels God has accomplished.

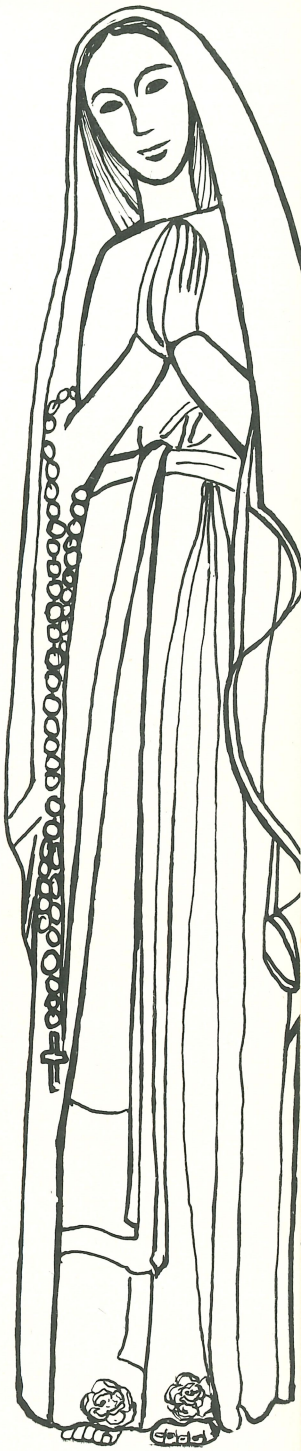
Jesus started to work miracles at once, and these for the Moslems are proof of His divine mission (XIX-27-35):

27. "Then she brought him to her own folk, carrying him. They said: O Mary, thou hast come with an amazing thing.

28. Oh sister of Aaron! Thy father was not a wicked man nor was thy mother a harlot.

29. Then she pointed to him. They said: How can we talk to one who is in the cradle, a young boy?

30. He spake: Lo! I am a slave of Allah. He hath given me the Scripture and hath appointed me a Prophet.



Our Lady of Fatima

31. And hath made me blessed wheresoever I may be, and hath enjoined upon me prayer and alms-giving so long as I remain alive . . .

32. And (hath made me) dutiful toward her who bore me, and hath not made me arrogant, unblest.

33. Peace on me the day I was born, and the day I die, and the day I shall be raised alive.

34. Such was the Jesus, son Mary: (this is) a statement of truth concerning which they doubt.

35. It befitteth not (the Majesty of) Allah that He should take unto Himself a son. Glory be to Him! When He decreeth a thing, He saith unto it only: Be! and it is."

Since Mary is held in such high esteem by the Muslims,

"And Mary, daughter of Imran, whose body was chaste, therefor We breathed therein something of Our Spirit." (LXVI-12), they cannot allow her purity and her faithfulness to God to be held in suspicion. To them everything is seen as an act of God.

The fact that Jesus spoke from his cradle, also mentioned in apocryphal gospels, is according to Moslem thought, a miracle necessary both to prove Jesus' mission as prophet and Mary's innocence. Without this miracle, say the Moslems, would the Jews not have punished Mary very severely for what they would have considered a public sin? But Mary, whom God had singled out for a special vocation, cannot have been the object of such a terrible suspicion. Moslems cannot allow it, and they base their belief upon another verse of the Koran: "And because of their disbelief and of their speaking against Mary a tremendous calumny," (IV-156.) in which the Jew's faithlessness and tremendous calumny against Mary are also mentioned. The whole Islamic tradition never tires of repeating that this slander is one of the great sins of the Jews, who in consequence were stricken by God's wrath.

Of course, we Christians can only profoundly regret that in the Koran, Jesus is only the son of Mary, and not the Son of God; and that all the great deeds attributed to Him in the Gospels are thwarted of their divine splendor. But it does remain true that Moslems consider Jesus and Mary miracles of creation. The Koran says: (XXIII-50.) "And We made the Son of Mary and his mother a portent, (a sign) and We gave them a refuge on a height, a place of flocks and waterspring."

Must we conclude then that, in the above expressions, the Koran, in which the "assumption of Jesus" is elsewhere taught, also wants to establish as a truth, the assumption of Mary? Perhaps. But most scholars agree that in this text the reference is to Egypt where the Holy Family sought shelter from the Jews. Moslems are so hemmed in by the *inaccessible transcendence* of their Allah, that all vital and intimate communication of God with man is completely excluded because of his totally different essence. The only acceptable link is the external communication granted by Allah in the revelation of the Koran; and this revelation

only enhances the majesty and inaccessibility of the "one God or Allah".

Mary, the mother of God! How could a Moslem admit of such a doctrine which would attack Allah's sovereignty? The very words "mother of God" can only mean for him that human and fleshly maternity, which they flee away from as a bringing forth of the eternal by its own creature.

None the less Islam grants to Mary such a high place in the divine economy that Muslim theology has occasionally wondered if Mary should bear the highest title a human person can receive that of a prophetess (nabiya) of God, in company with Mohammed and the prophets who came before him. If the theologians are not all agreed on this, they admit she is "holy" (waliya) and therefore the very special object of God's friendship . . . Tradition, that is, a collection of sayings attributed to Mohammed himself affirms "Each newborn is touched by Satan with only two exceptions, Mary and her Son." True, "tradition" does not possess divine authority, as do the words of the Koran itself for Muslims, but it is venerated by them as divine inspiration. Not having been touched by the devil, a privilege Mary and Jesus alone possess, Mary is raised to the highest conceivable place in Islam. "Mary above all women in this life and the next." This privilege has caused Moslem exegetes many difficulties. How must one now think of Khadija, Mohammed's first wife, to whom for many long years the prophet was united in bonds of fidelity and deep love? And what of A'isha, his last wife, his favorite? And Fatima, his beloved daughter?

Mary above all women! But the Koran explicitly says: "O wives of the Prophet, you are not like any other woman." (XXXIII-32). On the other hand, tradition says that a short time before his death, Mohammed said to Fatima: "You will be the woman (sayyida), among all women in paradise, after Maryam . . ." And A'isha, recounting the privileges received personally, and as his only wife, says: "I surpass all women . . . with the exception of Maryam . . ."

These texts are obscure, and it is difficult to give them an absolute meaning. Muslims, to whom the question is put, usually prefer Fatima to A'isha. They often say that Fatima and Maryam are both the highest. Fatima because according to tradition, she is most like her father and is a part of him; but Maryam is higher than Fatima because she conceived and brought forth in a miraculous manner. Inquiry as to the one who absolutely occupies the highest place finds Muslims unwilling to affirm anything.

The coldness which for centuries has characterized Islamic Christian relations has had as a consequence Mary's relegation to the background, and this in spite of their holy book.

But now that Islam is coming out of her isolation and is being forced to enrich herself with new ideas, these relations will change. Of course, Muslims will not wish to depart from the Koran and their tradition. In the renewal which is working its way up within Islam the emancipation of women takes on a great role because at the same time that women are proclaiming their rights, they are looking for an ideal.

May the fullness of their vision be directed towards Mary and may they learn from her that true love can only spring forth from God who is Love.

LATIN AMERICAN CATHOLICISM, by William J. Coleman, M.M., No. 23 of the World Horizon Reports, Maryknoll Publication, Maryknoll, N. Y., 1958. $1.00, 105 pp.

This book gives us a realistic and sympathetic analysis of Latin American Catholicism in the form of a commentary on a report of the Inter-American Catholic Action Week held in Chimbote, Peru, in 1953. At this meeting representatives from all the Latin American Republics discussed the problems and dangers, hopes and possibilities of the Church in their respective countries with surprising candidness. To make their findings more meaningful for the American reader, Fr. Coleman has included an excellent review of the history of the Church in Latin America tracing the unique circumstances which were to produce a variety of religious expression within Mother Church.

Sr. M. Benet, M.A.

ECONOMIC PLANNING IN UNDERDEVELOPED AREAS, by Edward S. Mason. Fordham University Press, N.Y. City, 1958. $2.50. 80 pp.

How far should governments intervene today in the economic development of technically underdeveloped countries? There is no answer to this, but there are many replies, and anyone who wants to have a sympathetic insight into the circumstances and motives that prompt them cannot do better than read this record of last October's Millar lectures.

The author explains and applies complex economic theories with enviable simplicity and ease and also with the authority of one with inside experience of government planning and its outcome in South Asia in the last five years.

Sr. M. Cuthbert, M.A.

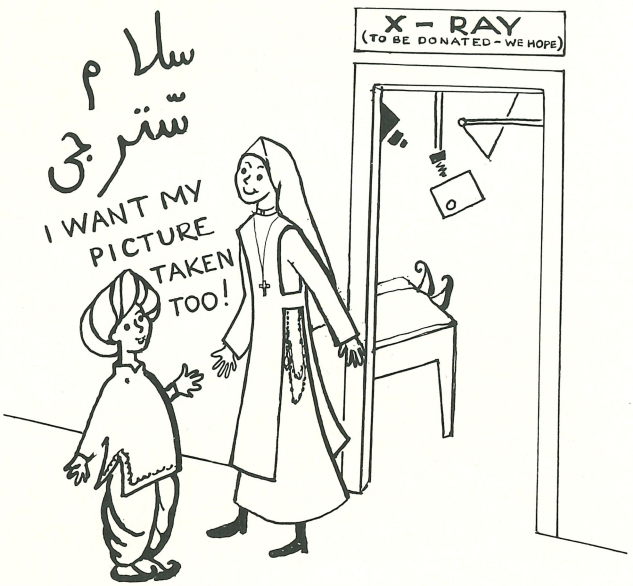
DOCTORS TO THE WORLD, by Murray Morgan. Viking, 1958. $5. 271 pp. Illus.

Concentrating especially on South America, Mr. Morgan travelled from country to country to observe WHO programs in action. Considering a specific health problem being tackled by World Health in each country, he deftly intersperses facts and statistics with human personalities and problems. The book that emerges is both interesting and enlightening. With the author we learn of the campaigns to eradicate malaria in Mexico, Kwashiorkor in Central America, Yellow Fever in Panama. We travel with public health nurses, like the indomitable hiker Adelia Eggestein, in El Salvador. They are aided in their work by the financial and technical assistance given by WHO and other independent groups.

Sister M. Fabian, B.A.

Mission Wants

Can you imagine a hospital without an X-ray machine? Our Holy Family Hospital in Karachi, West Pakistan, a 100-bed institution that soon will have a capacity of 200 patients, has only a small portable Field Unit machine of 15 MA units, and is greatly hampered in its work of healing the sick. With a qualified X-ray technician on the staff, X-ray equipment is an invaluable aid and necessity for the Sister physician and surgeon, especially for the detection of tuberculosis. With the greatly increased population in the capital city, T.B. is a major health problem to the community that must be combatted daily and hourly. Hundreds of other patients could benefit from this service also. Please help us obtain a 200 MA unit machine, for this hospital soon. Any contribution towards it will be greatly appreciated.



MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $ _____ *towards your mission needs in Karachi.*

Name _____

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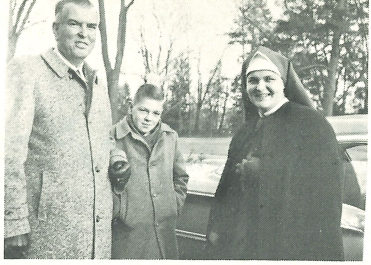


Sr. M. Benedicta, R.M.T. says good-bye to her father, Mr. Francis A. Rowan, before leaving for her mission assignment — Our Lady of Coromoto Hospital, Maracaibo, Venezuela.

science in the service

Sister Benedicta Rowan, Registered Medical Technologist, a native of Philadelphia, attended both grade and high schools at St. John the Baptist parish. Back in high school days, Sister Benedicta was given a part to play in a class program—that of a Medical Mission Sister. The role became an ideal—and a goal in her life. After two years of further study at Immaculata College in Philadelphia, her dream was realized in part, when she entered the Medical Mission Sisters in Fox Chase.

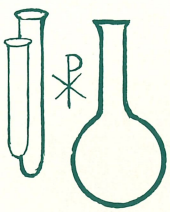
Professional studies for the Medical Mission Sister begins after the completion of her novitiate and the making of First Vows and Profession. For Sister Benedicta this meant more science courses at Immaculata and then finally, entrance into Providence Hospital School of Technology in Washington, D.C., from which she graduated in September 1958. A specialized course in Parasitology followed at the United States Public Health Center in Chamblee, Ga. and soon after — mission assignment to Our Lady of Coromoto Hospital, Maracaibo, Venezuela.

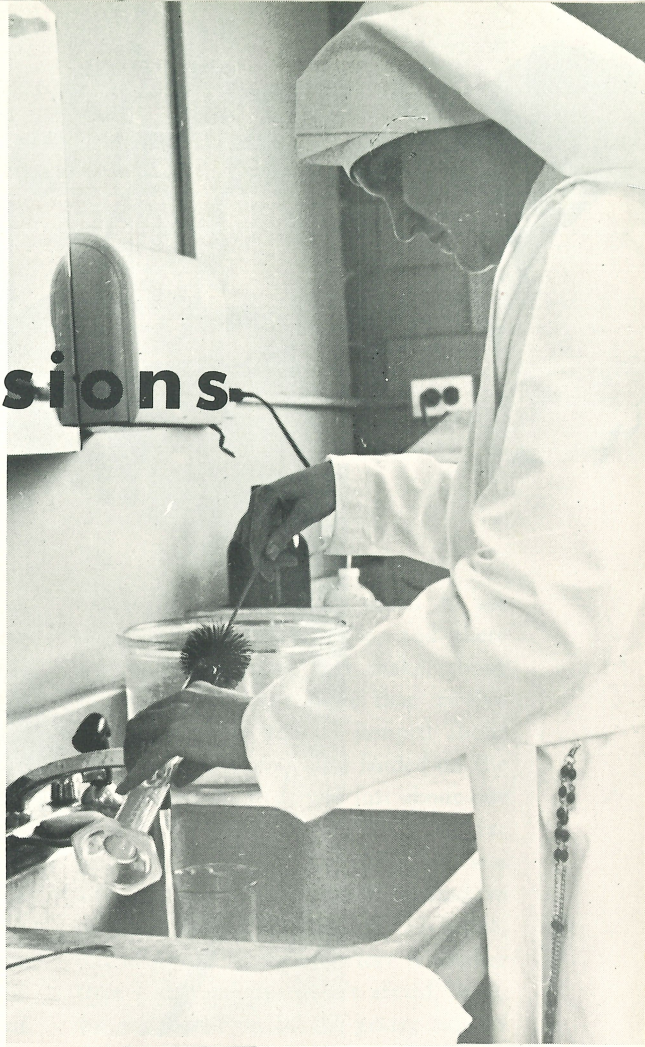
The Medical Technology course, or curriculum, covers a full time course and training in biochemistry, medical bacteriology, clinical pathology, parisitology, mycology, blood bank procedures, serology, histologic technique, basal metabolism determination, and electrocardiography.

The Sister medical technologist is an important and valuable member of the hospital team. Every patient who enters the hospital for treatment or diagnosis, for some time at least, comes under the care of the medical technologist. If a sample of blood is taken, it is studied in detail or typed and matched with other blood for transfusion. The medical technologist must guide the bacterial culture from patient to messenger, to laboratory, to culture medium, to incubator, to pathologist, to report form, to the patient's record. Much skill, accuracy, integrity, and patience are needed for this painstaking work.

In the mission hospital, the Sister medical technologist belongs alongside the Sister doctor and the Sister nurse, in bringing modern medical care to the sick today. But competence and skill are not enough—these must be coupled with Christian charity and goodness, that those under their care may see, and know, and feel, once again, the Compassion of Christ for the multitude.

of the missions





Clean glassware insures accuracy in tests and solutions used.

A Venezuelan boy trustfully holds up his finger for Sr. Benedicta to stick.

Manometric apparatus for measuring gas volume is used by Sister M. Benedicta and Assistant. Coromoto Hospital, Maracaibo, Venezuela.

Sr. M. Benedicta uses sterile swab for obtaining throat culture. Specimen will be cultured on sterile media in bacteriology laboratory.

At the end of the day test results are recorded on the patients' charts.

NEWS FROM OUR HOUSES

AFRICA

Mothers Are The Same All Over

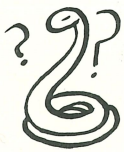
In Berekum I think more tiny babies come to Mass than at home. Perhaps it is because they don't need extra pew space since they sit on mother's back.

This Sunday my attention was distracted by the restlessness of one of them when the mother went to stand in the doorway and put him on his feet. But there was too much for him to see. First a lady's bright skirt was tugged at until her attention was diverted; then someone's prayer book was fingered; then competition in crawling with a line of ants on the floor. So the mother took him in her arms and he discovered a fountain full of Holy water within his reach. In went both hands which generously sprinkled the wall and mother. But as if she had been waiting for just such an opportunity, the mother took his little wet fist and helped the child bless himself with it. Both mother and child had such a pleased look of holy satisfaction as I turned my attention back to my missal!

Sister M. Aloysius, R.M.T.
Holy Family Hospital,
Berekum, Ghana.

Snakes Alive!

Sr. de Montfort and I on our day off last week rode the bicycles to the water works about a half mile from the hospital just to get away for awhile. As we were walking around the lake, in the middle of a conversation, she said,



"Is it alive?" I looked down to see what she was referring to, and there was a multicolored, flat snake, about a foot long — not more than twelve inches from her foot. I jumped about two feet into the air and landed on the opposite side of it. It was just about out of sight by then, and before I had regained my speech she said: "It was alive!" I wasn't so sure I wanted to continue around the lake at this point, but after all, Sr. de Montfort is smaller than I am, and she wasn't afraid. Well, we continued on to the grassy side of the lake, and then all of a sudden I grabbed *her* sleeve and said, "Let's get out of here!" There before us, not more than five feet away away, was a hollow in the ground from an old tree stump and a big black cobra wound in a large circle two or three times, with his head up and his fangs poised. Sr. de Montfort's only comment was, "Is it alive?" With that I said "Who cares whether it's alive. I'm getting out of here." Suddenly, I realized I might meet the next one alone, so I waited. It will be a long time before I go back to the water works!

Sister M. Annette
Berekum, Ghana, W. Africa

Sister M. Regis Polcino, M.D. recently assigned as Medical Director of Holy Family Hospital, Karachi, West Pakistan.

It Makes One Think

In spite of their terrible affliction, our patients are a happy lot—thank God. We are happiest when they are happy. One morning recently when we went to the settlement at 6 a.m. to get things ready for Mass, one of the patients who had no fingers, only stumps for feet, and recently after surgery, has a bit of sight in one eye, none in the other, was already waiting, singing joyously to Our Lady! I was a bit ashamed as I wasn't in quite such a joyful mood so early in the morning.

SISTER M. JOHN, R.M.T.
Kokofu Leprosarium,
Ghana, West Africa

New Invocation

Our thermometer broke at 120 two days ago . . . now we don't know how hot it is . . . which probably just as well. The nights usually cool off so it is not too bad. We don't really seem to mind the heat too much. Perhaps it is because you expect it to be that hot and you are mentally prepared for it. I will admit, however, a new invocation has crept into my prayers . . . "Please, Lord, make heaven air-conditioned."

SR. M. RONALD, R. T. *x-ray*
Berekum, West Africa

ROME

Audience with Holy Father

When Sister Regis, M.D. was here on her way to Pakistan, we had the privilege of a semi-private audience with the Holy Father. We were with a group of about fifty people from many parts of the world—Australia, Colombia, Ireland, France, America, Italy and also India. The first group whom the Holy Father addressed was an Indian gentleman with his wife, who looked very pretty in her pink sari. Their eight-year-old twin boys were with them. The father read out very bravely in Italian a petition for the Holy Father's blessing for all the members of his family,

SILVER JUBILEE

Sr. M. Monica Neuhaus celebrated her Silver Jubilee of Profession on February 12th at our Generalate in Rome, where Sister now resides as a member of our General Council. Sister Monica is well known to many of our friends, having been Superior of our houses in Osterley, England; Washington, D.C.; and local Superior here in Philadelphia.

Sr. Ignatius Marie Desmond, (Somerville, Mass.) talking to Sr. M. Ann before sailing for India again on March 9th. This completed Sister's furlough in the U.S. after 20 years of continuous service in the missions.

mentioning them all by their long Indian names. The Holy Father seemed impressed by this brave act. He talked to them and blessed the little boys very specially.

One group from Sicily had a magnificent large gold crown artistically worked, studded with jewels, to be blessed by the Holy Father. This beautiful crown was destined for a statue of Our Lady of Consolation in Sicily.

When the Holy Father came to us, we told him in Italian that we were *Suore Medico-Missionarie,* and that we asked his blessing for all of us and our relatives, friends and benefactors. Sister M. Regis joined me in her best Italian in the petition. The Holy Father asked, *"Medichesse?"* As we said, "Yes," he said with his typical gesture, *"Opera di carita! Benedizione speciale."* The Holy Father was very kind and very simple with everybody. One is, of course, overawed in a sense in his presence, but with it all, one feels at ease.

MOTHER ANNA DENGEL, M.D.

INDIA

Paging Sister Andrea

Sr. M. Andrea, R.N. is now in Kottayam at the novitiate. Of course we miss her and so do some of the patients as shown by the following incident.

This is a message Sr. M. Andrea received: "I was informed by one of the sisters at Thuruthipuram Hospital that my daughter who was fed up there in the hospital is going to be taken to Kottayam. Hence it is my desire that I must also go along to Kottayam with my child. . . . Therefore I would request that you may be pleased to send me a letter for particulars at your earliest convenience. The rest in person.

Your most obedient servant in Xto.

V. M. GEORGE."

Here is Sr. M. Andrea's answer to us: "I do not remember George, don't know who his daughter is, so find it all one big mystery. Are you planning to have somebody taken to Kottayam? Here? And what does he mean fed up? Is his daughter a patient? A worker? A student? A nurse? I was never much of a detective but I am enjoying this mysterious affair."

Now who do you think she was? It took a little time to figure that out. Mary was a baby who was brought to us in January with her mother. The mother was so anemic that her hemoglobin was unreadable, the baby was just about three pounds. For their hospital care, they were able to contribute just *one rupee* (20 cents). The mother was soon nursed back to health, but little Mary had a hard time and knocked more than once at the pearly gate. That she is still among the living is greatly due to the expert care she received from Sr. M. Andrea. Mary was discharged about two months after Sr. M. Andrea left us for Kottayam, weighing ten pounds five ounces and eating everything. Mary did not do well at home and thus Papa got someone to write the above letter to Sr. M. Andrea. The whole letter was *his idea.*

Mary is back with us again. She is a happy little girl. During the morning hours when we are at Mass, you can hear her chatting away in her own language (Malayalam). Sr. M. Andrea used to say, when all hope had gone for her survival, "but she has personality, and everybody must agree to that."

SR. M. STEPHANIE, R.N., A.A.J.M.
Hospital, Thuruthipuram, S. India

TRUE FISH STORY

Have you ever heard of live fish in a hospital? A tiny 3-year-old boy had been admitted for cirrhosis of the liver. He was quite a sight with wrists and ankles as thin as pencils and his tummy distended like a balloon. His mother stayed with him as is the custom and she told the doctor she was giving him fish every day. Doctor said that was fine as he needed the protein. One day the doctor asked where she was getting this fish every day because the mother never went out and no one was bringing them in to the hospital. Then the little mother pulled aside the curtain which hangs in front of the shelf where they kept their belongings and showed us a little bucket with fish swimming around inside. She had brought a whole bucketful with her when she came and had changed the water daily.

SISTER M. CHARLES, B.S.N.
H. F. H. Hospital, Kodarma, India

How to ride an elephant!

On the day our new hospital in Kurji was solemnly opened, a few of us were quietly enjoying ourselves behind the scenes with a guest from a faraway village — a huge but playful elephant only 40 years old (no gray hairs yet.) Father Donohue, S.J., hired the elephant to give us a show and also a ride. As I climbed up the ladder to crawl on the back of this huge animal, the elephant obediently prostrated himself on the ground. While I was fixing my position the owner gave a command in Hindi. I turned pale and blue, and held on to the rope for dear life and the elephant moved steadily and slowly to an upright position. It was quite a height, and its back seemed to be rugged, rough and unbalanced. Here's my secret: sit on the spot where there is a depression and *you* will fit in nicely and really enjoy riding an elephant!

SISTER M. CARMELA, *R.N. Kurji*
Holy Family Hospital, Patna, India

Cover Explanation

Muslim Feast (Id) make-up. Putting on "Hinna" (myrtle leaf paste) is an essential part of the feast make-up.

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Sister M. Cuthbert, M.A.

PENTECOST Sunday, May 17th is Mission Sunday for the Sick. On this day, the Sick of the whole world are specially asked to offer their sufferings and prayers for the extension of Christ's Kingdom on earth. So much suffering is often wasted, that could be used to purchased souls in the missions.

CHRISTIAN SOCIAL SERVICE

His Eminence Valerian Cardinal Gracias pleads with his Catholics to help build the future social structure of India by professional social service.

The Daughters of the Heart of Mary in Bombay conduct a 2-year post-graduate social service training. They attract excellent non-Christian students but very few Catholics. Yet if Catholics do not realize the social mission of the Church, a rapidly changing society will inevitably assume a totally non-Christian and perhaps anti-Christian structure.

THAT THEY ALL MAY BE ONE

The Franciscan Friars of the Atonement have accepted charge of an Island Parish in Japan, among the Hanare, or Separated Christians. The Hanare, are descendants of 16th Century Christians, who while remaining Christians, rejected the missionaries when they arrived, after Japan opened its doors to the Western world. They are very close to the True Church, yet cling to their own traditions. Pray, that Our Lady, to whom they have great devotion, will give them the grace to see the light.

REMEMBER CHINA

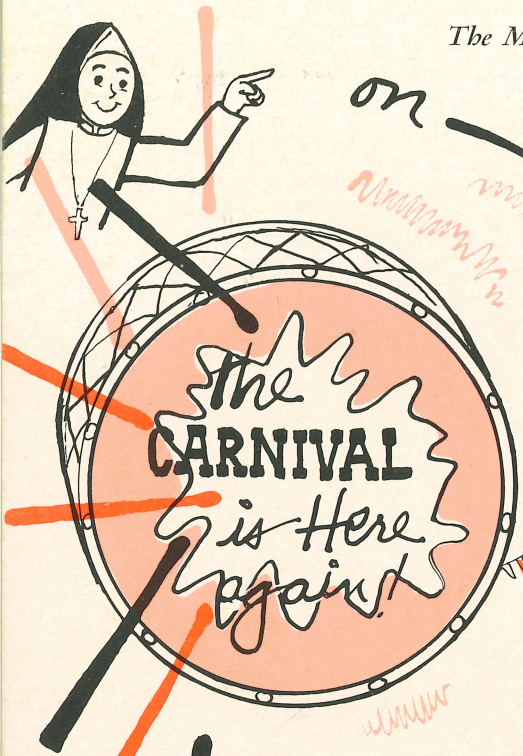
Three hundred Chinese Sisters of many religious congregations (Helpers of the Holy Souls, Franciscan Missionaries of Mary, Sisters of Charity, Ursulines and others) are concentrated in a former convent of the Presentandine Sisters in Shanghai. Early every morning the Sisters are forced to go to work in the steel mill together with priests from Shanghai. The steel mill is located in the former residence of the Jesuit Fathers in Zi-Ka-Wei.

UNION OF PRAYER FOR THE PERSECUTED CHURCH IN CHINA

"Almighty and eternal God, Comforter of the Afflicted, and Strength of the suffering, grant that our brothers in China who share our faith, may obtain through the intercession of the Blessed Virgin Mary and of our holy martyrs, peace in Thy service, strength in time of trial, and the grace to glorify Thee, through Jesus Christ Our Lord. Amen." (Approved by the S. C. Propaganda Fide, Rome.) Say this as often as you can.

JUNE MISSION INTENTION:

For the nations of Asia where the Church is not free. These are China, Asiatic Russia, Mongolia, Tibet, Afghanistan, Bhutan, North Vietnam, North Korea. Salvation is intended for them too.



The Medical Mission Sisters' annual Carnival and Lawn Fete will be held this year at 8403 Pine Rd., Fox Chase, Philadelphia

on

June 5th, 6th

FUN for the whole family!

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This year we need your help very urgently, to meet the cost of our new Novitiate building now under construction. We hope you can come, but if you cannot, perhaps out of the goodness of your heart you will send us a donation. We are so much in need of a place to train future Medical Mission Sisters.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $_____ towards your new novitiate building.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____